

# **Building a Regional Health Information Technology Infrastructure**

**An adventure in health information  
technology in Santa Cruz County**



# What is wrong with this picture?

- U.S. Healthcare system:
  - ◆ Costs \$2 trillion per year and growing
  - ◆ 20 percent of GDP by 2015
  - ◆ Medical error 6<sup>th</sup> leading cause of death in U.S. (approx. 100,000 fatalities per year)
  - ◆ 30 percent of physician orders are never documented anywhere
  - ◆ 30 billion health care transactions each year, only 5 percent electronic.

**“A hospital patient can expect on average to be subjected to more than one medication error each day”**

**Source: Preventing Medication Errors –  
U.S. Institute of Medicine**

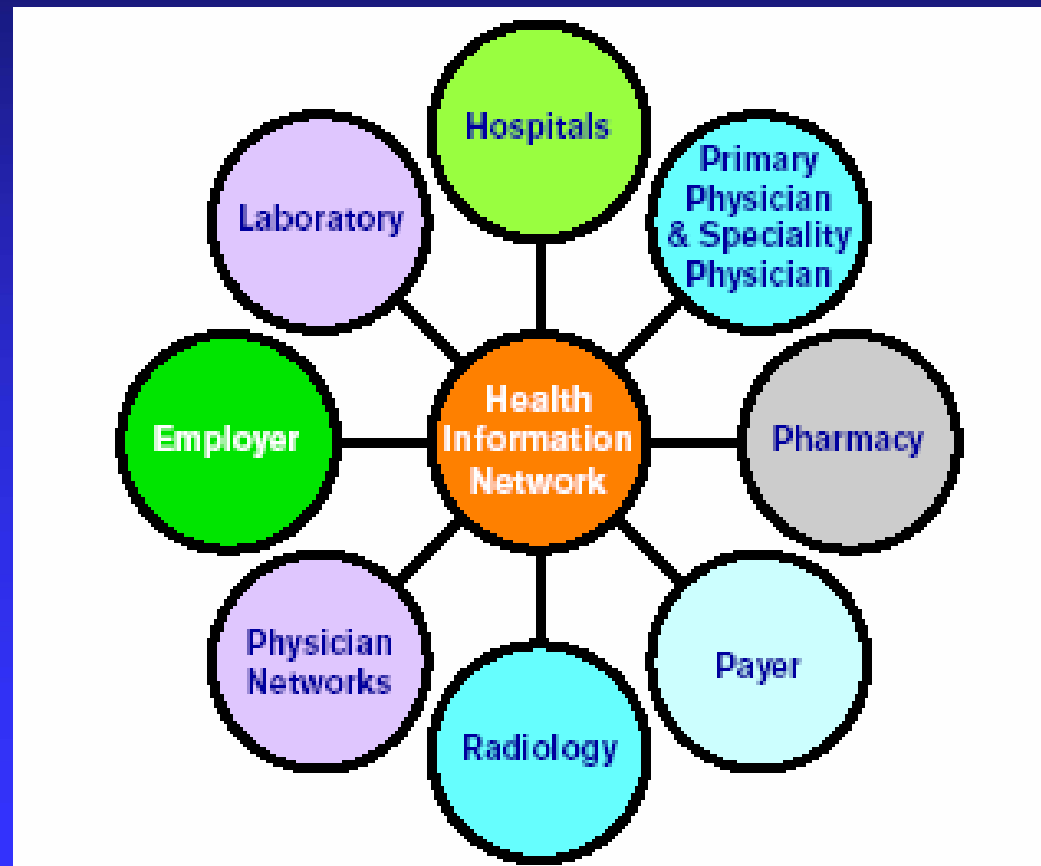
# What about chronic disease?

- 7 of 10 deaths in U.S. each year attributable to chronic disease
- 75 percent of U.S. health care costs are for treatment of patients with chronic disease.
- One-third of diabetics in the U.S. don't know they have it.
- Five conditions – diabetes, heart disease, cancer, tobacco use, and obesity cost the U.S. economy nearly \$1 trillion per year.

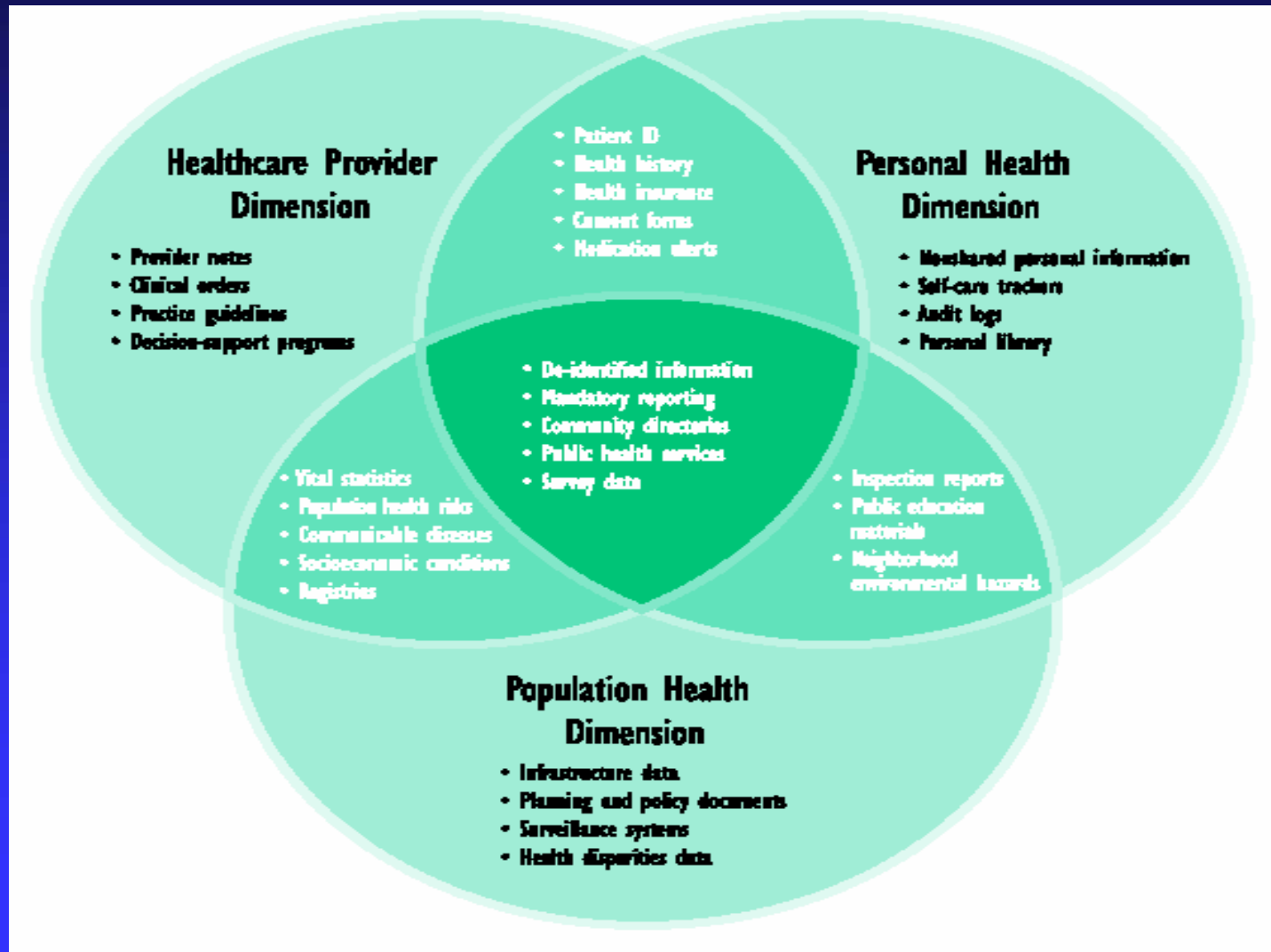
# Can HIT make a difference?

- Health information technology is not a panacea
- Building a National Health Information Infrastructure (NHII) is a high national priority with little in the way of funding behind it
- Health information technology is very expensive, difficult to use and immature
- Healthcare providers are resistant to adopt
- It may be our only hope!

# What is health information technology?



# What is the NHII



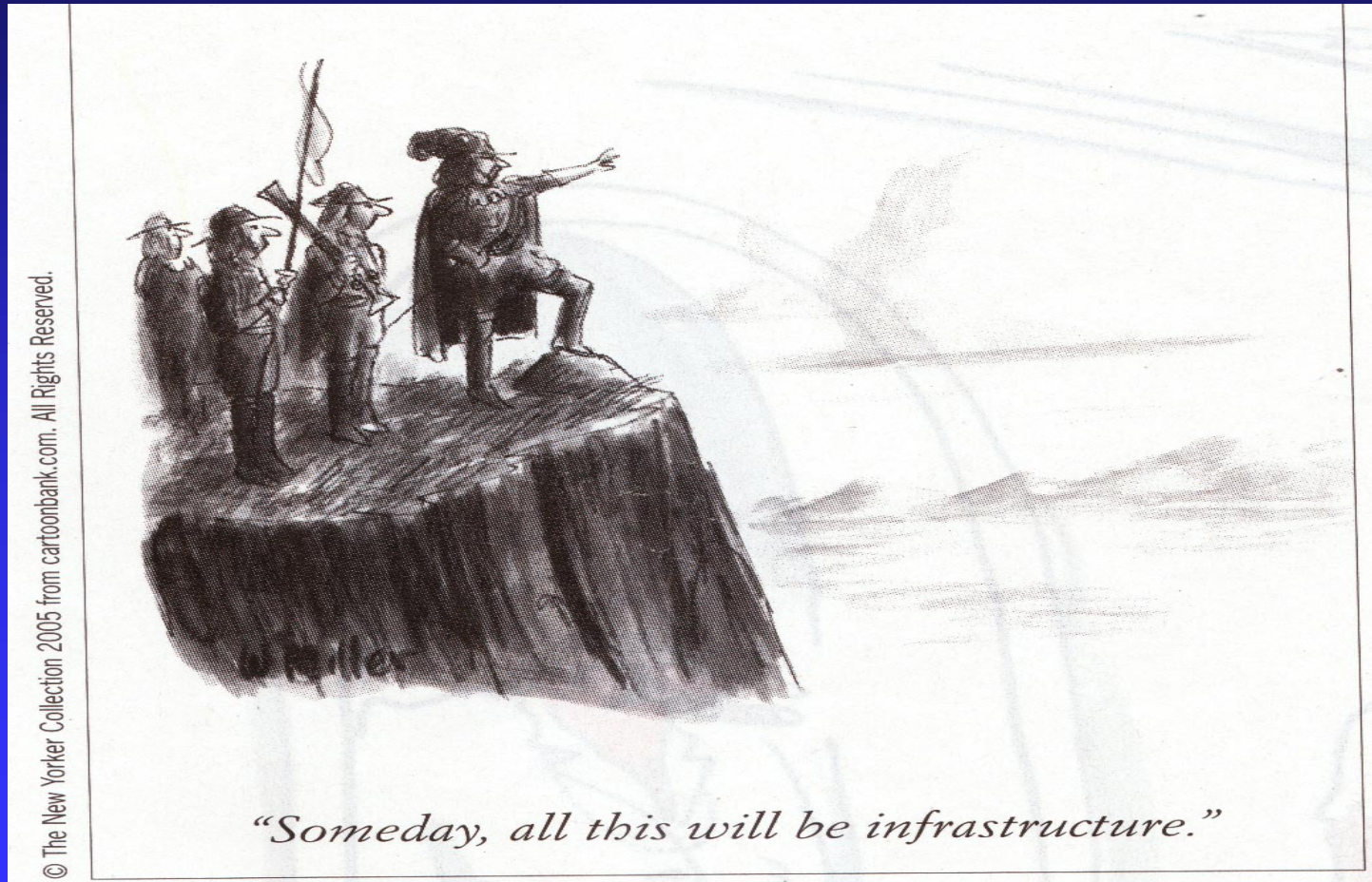


# The NHII

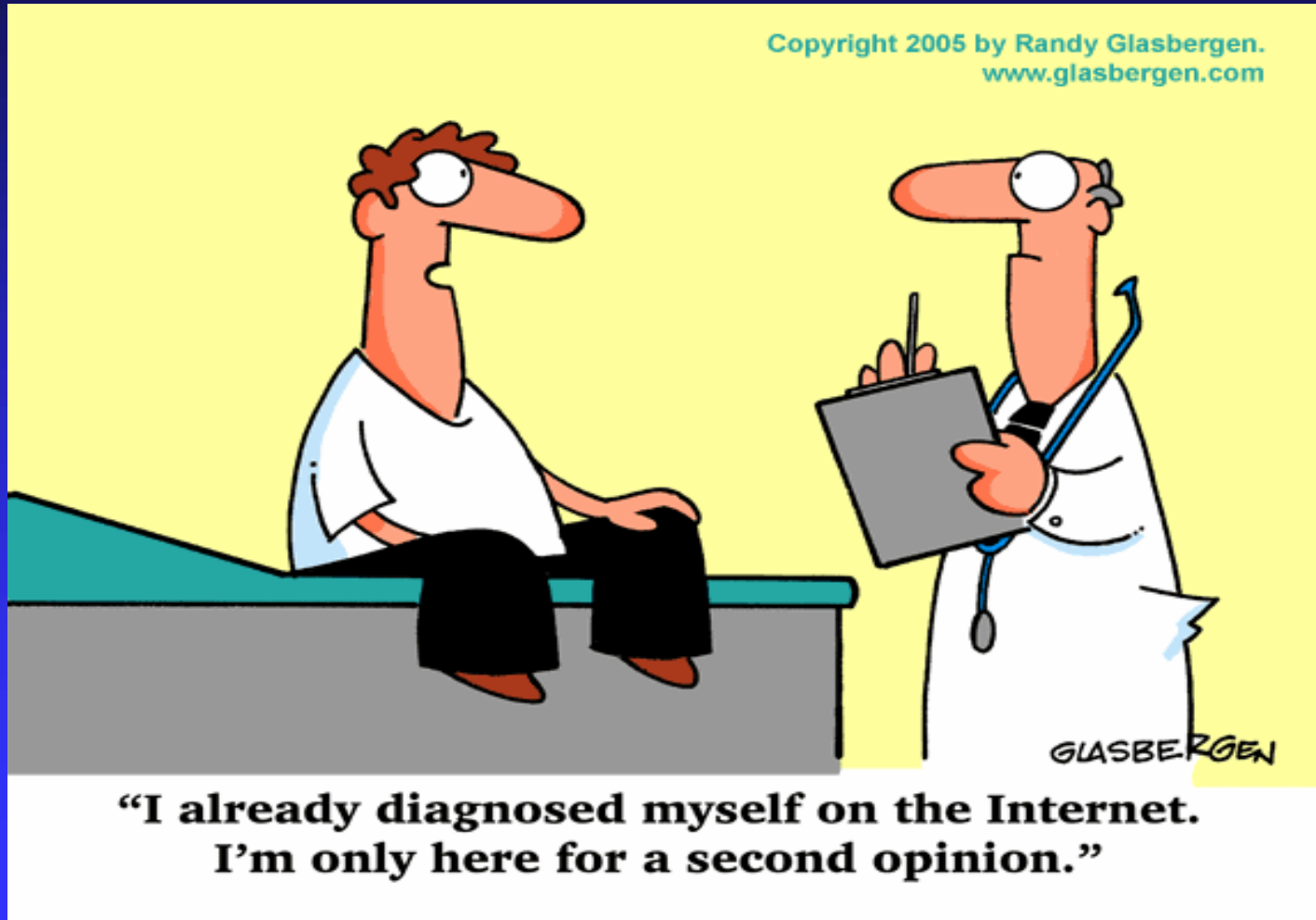
- The broad goal of the NHII is to **deliver information** to individuals – consumers, patients, and professionals – when and where they need it, so they can use this information **to make informed decisions** about health and healthcare.

- ◆ NCVHS 2000

# Where are we at today?



# How the public views it?



# Where are we really at?

- Most hospitals have not yet implemented computerized physician order entry systems
- Only 5 to 15 percent of physicians use EHRs
- Only 8 percent of Community Health Centers serving the underserved use EHRs.
- No CHCs in California using EHR as of yet
- Very few Counties have yet adopted use of EHR
- Due to costs and complexity we have very significant burdens and barriers to overcome.

# What About Santa Cruz?

- Located on California's scenic Central Coast
- 2<sup>nd</sup> Smallest California County in land area
- Approximately 280,000 residents
- Mixed urban/rural population
- Served by three local in-patient hospitals
- Approximately 500 physicians

# HIT Projects in Santa Cruz

- CAP/HCAP
- AHRQ
- RWJ
- NHII/Santa Cruz RHIO
- CNEA

# CAP/HCAP Projects in Santa Cruz

- Healthcare Outreach
- Healthcare Planning
- Health Information Technology
  - ◆ Clinical Messaging
  - ◆ Clinical Practice Management
  - ◆ Electronic Health Records

# AHRQ Projects in Santa Cruz

- Project Connect
- Community Chronic Care Network
  - ◆ Diabetes registry and point of care tool



# RWJ Foundation Projects in Santa Cruz

## ■ InfoLinks

- ◆ Unique Patient Identification
- ◆ Technical Standards
- ◆ Architecture
- ◆ Governance

## ■ Common Grounds

- ◆ Business process analysis
- ◆ Childhood Obesity

Focus is on bringing Public Health to the table

# Simplified Conceptual Health Information Exchange Model



# **HIE Applicability to Public Health**

- **Public Health Data Systems**
- **Emergency Response**
- **Disease Surveillance/Reporting Systems**
- **Chronic Disease Registries/Repositories**
- **Immunization Registries**

# NHII & Santa Cruz

- Northrup Gruman Consortium
- Axolotl/Elysium Clinical messaging system prototype
- Demonstration project in January of 2007

# CNEA & Santa Cruz

- Major California healthcare foundations working to develop models for EHR adoption by community health centers
- Three network prototypes currently developing business plans
  - ◆ Planned Parenthood
  - ◆ Community Council of San Diego
  - ◆ Santa Cruz Health Improvement Partnership

# HIT Lessons Learned

- All health care is local
- Top down vs. bottom up
- Collaboration and trust is key
- Information silos may be detrimental to your health
- Critical health information exchange happens at the point of care

# Lessons Learned

- Public Health needs to be at the table – perhaps at the head of the table
- For most health care providers – free is not cheap enough
- Build it and they will not come!
- It will always be harder and more expensive than you think
- There is no provable ROI

# IT Issues to Ponder

- Why do we want to do this?
  - ◆ Improve healthcare safety
  - ◆ Improve healthcare quality
  - ◆ Improve healthcare efficiency
  - ◆ Improve access
- Best practices
- Standards
- Interoperability



# Other issues of significance

- Governance
- Ownership of Data
- Privacy/Security of PHI
- Rules of exchange
- Who pays
- Who benefits

# General HIT Resources:

- NHII - <http://aspe.hhs.gov/sp/NHII/>
- NCVHS - <http://www.ncvhs.hhs.gov/>
- HL7 - <http://www.hl7.org/>
- eHealth Initiative -  
<http://www.ehealthinitiative.org/>
- AHIMA –<http://www.ahima.org/>
- HIMSS - <http://www.himss.org/ASP/index.asp>
- CalRHIO - <http://www.calrhio.org/>

# Public Health IT Resources

- National Association of Public Health Information Technology [www.naphit.org](http://www.naphit.org)
- PHIN - <http://www.cdc.gov/phin/>
- Public Health Data Standards Consortium - <http://www.phdsc.org/>
- NEDSS - <http://www.cdc.gov/nedss/>

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